

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

101 County Scott  
Township Moultrie  
City                      (No.                     )

Registration District No. 814  
Primary Registration District No. 6063

File No. 4573  
Registered No.                       
St.                      Ward                     

2. FULL NAME

(a) Residence, No. Jesse Albert Martin St.                      Ward                       
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.                       
10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Louis Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Norris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Chas Vandyke  
Benton Mo RES-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 31 1927

19. UNDERTAKER (ADDRESS) Thurman Lee, Jr.  
Georgetown Mo

20. FILED 1.31.1927 H. P. Haw  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1927

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    .

I last saw h                      alive on                     , 19                    . Death is said

to have occurred on the date stated above, at 8:00 AM.

The principal cause of death and related causes of importance were as follows:

Date of onset                       
Myocarditis  
Cardiac Asthma

Other contributory causes of importance                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?                      (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                     

Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?

If so, specify                     

John P. Munnigh M. D.

Blodgett Mo

